The effects of structured follow-up from primary care for patients during their cancer journey. A randomized controlled trial.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON28691

Source
NTR

Brief title
GRIP study

Health condition

Cancer

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Utrecht (UMCU)
Source(s) of monetary or material Support: Danone Ecosystem Fund

Intervention

Outcome measures

Primary outcome

1) Patient satisfaction with care

2) Health care utilisation

Secondary outcome

1) Health related quality of life

2) Employment

3) Effect on patient empowerment

4) Shared decision making

5) Mental health

Study description

Background summary

Health care professionals and patients advocate transfer of care and follow-up from secondary to primary care in the Netherlands, due to the increase in the number of chronic cancer patients, cancer incidence and improving outcomes of cancer therapy and expanding possibilities for personalized cancer care. However, the effectiveness of structured patient follow-up form primary care during the cancer journey has not been studied yet. Therefore, the GRIP study, a multicenter randomized controlled two-arm trial, evaluates the effects of structured follow-up care form diagnosis, for cancer patients provided from primary care on healthcare utilization and patient satisfaction with care.

Country of recruitment: The Netherlands

Study objective

Structured follow-up from primary care will effect patients‘ satisfaction with care and health care utilisation.

Study design

1) Time Out consultation with the GP after diagnosis and before final treatment decision.

2) Contact with HON during and after treatment, at least 3 contacts.

3) Questionnaires will be send at the moment of consensus for participation (T0), two weeks after inclusion (T1), three months after inclusion (T2), six months after inclusion (T3), nine months after inclusion (T4) and twelve months after inclusion (T5).

Timing of T3-T5 depends on duration of therapy. T5 will always be send 3 months after end of therapy.

Intervention

1) Time out consultation with general practitioner

2) Home visits by Homecare Oncology Nurse

Contacts

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Eligibility criteria

Inclusion criteria

1) Newly diagnosed with the following types of cancer: breast cancer, colorectal cancer, gynaecologic cancer, lung cancer or melanoma.

2) Cancer therapy is to be initiated with curative intent.

3) Patients' general practitioner participates in the GRIP study.
4) Patient is 18 years old or older.

5) Inclusion within two weeks after diagnosis.

Exclusion criteria

1) Major psychiatric disease and personality disorders.

2) Unable to fill in questionnaires.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-03-2015
Enrollment:	150
Type:	Anticipated

Ethics review

Positive opinion

Date:	21-06-2016
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL5672
NTR-old	NTR5909
Other	METC : 15-075/C

Study results